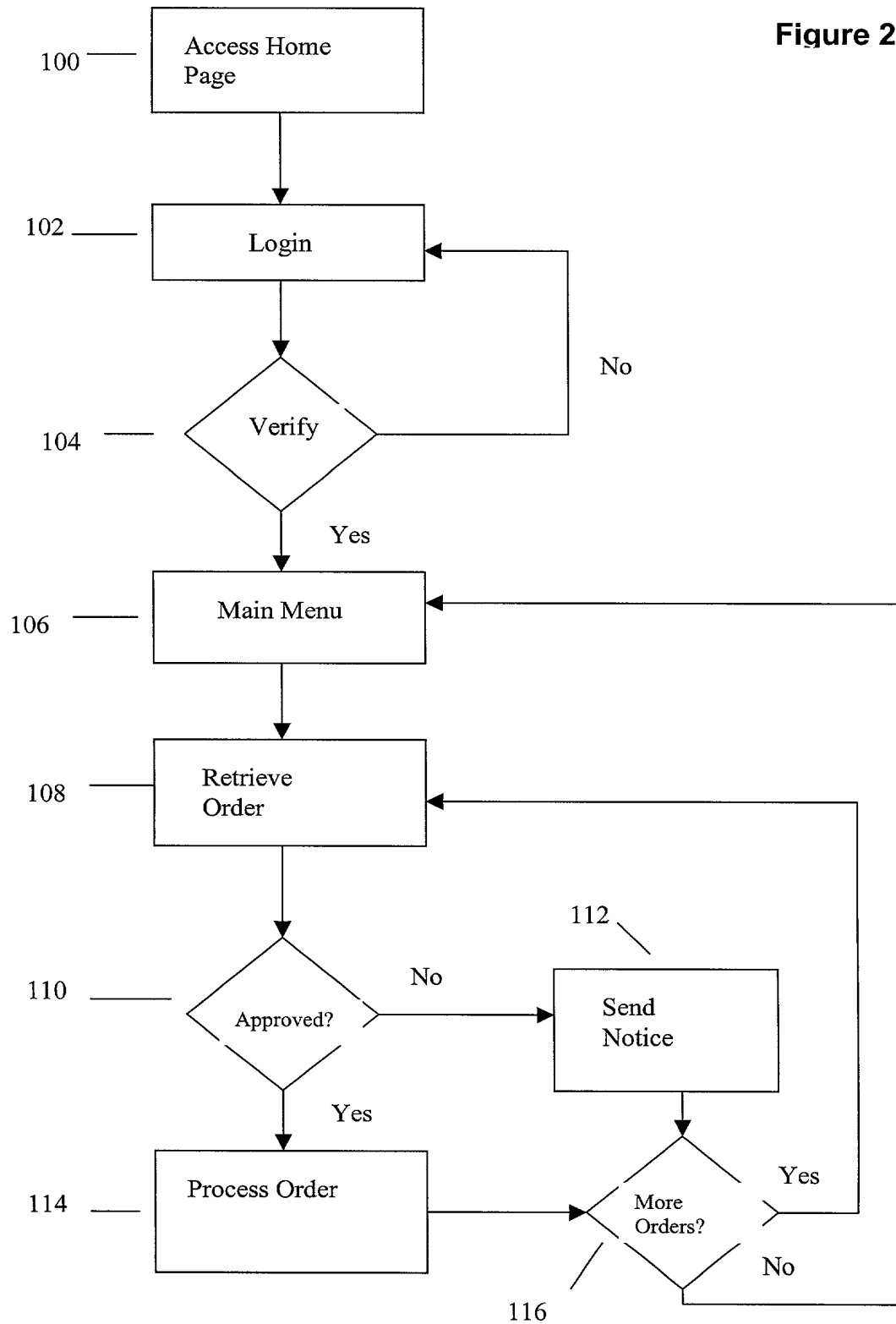


**Figure 1**

Figure 2



**Doctor Login**

202 Username: alan

204 Password:

206 Submit Query

**Figure 3**

210

Doctor Main Menu	
▪ <u>Approval Interface</u>	▪ <u>Accounting</u>
▪ <u>Change Password</u>	

**Figure 4**

FIG. 3 OF 5

You have 0 email to be viewed.

2 orders to be reviewed.

220

Orders awaiting approval			
Rx #	Order Date	Product	Emailed
843-1143	2001-09-26	Phentermine	
862-1162	2001-09-27	Didrex	

**Figure 5**

1003909-10001  
 FOOTER = 60622E00T

2001-01-01 - 2001-12-01			
Total Orders: 104		Paid: 0	Pending: 104
Balance Owed: \$ 520.00			
Order Date	Order ID	Status	PD
2001-09-11	294	Delivered	N
2001-09-11	372	Delivered	N
2001-09-11	374	Delivered	N
2001-09-11	375	Delivered	N
2001-09-11	377	Delivered	N
2001-09-11	378	Delivered	N
2001-09-11	382	Delivered	N
2001-09-11	340	Not Approved, Dr Declined	N
2001-09-11	373	Not Scanned by Carrier	N
2001-09-12	393	Delivered	N
2001-09-12	394	Delivered	N
2001-09-12	386	Not Approved, Dr Declined	N
2001-09-12	387	Not Approved, Dr Declined	N

**Figure 6**



US

RX : 869

10 x Viagra 100 mg Tablets

Height 71" Email Customer  
Weight 210 pounds  
DOB 1942-07-19  
Sex M  
Smoker  
Packs per day  
Years Smoking

### General Consultation

### Viagra Consultation

1. Do you have any of the following conditions: Leukemia, Multiple Myeloma, Sickle Cell Disease, Peptic Ulcers, or Retinitis pigmentosa (an eye disorder)?NO
2. Do you take any form of nitroglycerine?NO
3. Have you previously been treated for sexual dysfunction?YES
4. Have you ever had any Liver or Kidney problems?NO
5. Have you ever had stomach ulcers or any type of bleeding problems?NO
6. Have you had a deformed penis, Peyronies disease (Crooked Penis), or ever had an erection that has lasted for more than 4 hours?NO
7. I agree not to take any over-the-counter medicines without approval from my pharmacist/doctor ?NO
8. Do you consume more than 2 servings a day of alcohol?NO
9. Do you smoke cigars or cigarettes ?NO
10. Have you ever taken Viagra before?NO
11. Are you unable to sustain an erection?YES

Please list any current medical conditions. HIGH BLOOD PRESSURE BEEN UNDER CONTROL FOR SEVERAL YEARS

Please list all medications you are currently taking. LOTREL 5/20MG ONCE DAILY

Please list all medications that you plan to take while on this program. None.

Please list all allergies (including medications). None.

Please list any surgeries. BACK FUSION

Is there anything else in your medical history you deem relevant. Nothing

Please explain the specific reason for ordering this medication. The physician must know the exact nature of your medical problem in order to prescribe this medication. TROUBLE GETTING AND MAINTAINING AN ERECTION

Doctor Comments:

**If declining this order,**

Please give a detailed reason for the decline. The customer would like to know why he/she is declined.

Approve

Decline

Figure 7